PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

Under the Reduction	on Act of 1995	no nersons are required t	U.S to respond to a	collection of info	mation unless it disc	DEPARTMENT OF COMMERCE plays a valid OMR control number		
ADEMARK  Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Annlicati	on Number	09/899,587			
FEE TRANSMITTAL			Filing Da	ite	July 5, 2001			
For	FY 2	005	First Na	ned Inventor	Brunt, et al	L		
			Examine	r Name	Mussa Shaawa	at.		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		2128			
TOTAL AMOUNT OF PAY	MENT (\$)	300.00	Attorney	Docket No.	50900-1			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 50-2206 Deposit Account Name: ICI Paints (Slough)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
F- 1 5 7	Charge any additional fee(s) or underpayments of fee(s)							
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEAR	CH, AND	EXAMINATION FEE	S					
·	FILING F	EES SE	ARCH FEE		MINATION FEE			
Application Type	Fee (\$)	mall Entity Fee (\$) Fee	<u>Small E</u> <u>≥ (\$)</u> Fee (		Small Entity (\$) Fee (\$)	Eees Paid (\$)		
Utility	300	150 50	0 250	20	0 100			
Design	200	100 10	00 50	13	0 65			
Plant	200	100 30	0 150	16	0 80			
Reissue	300	150 50	0 250	60	0 300			
Provisional	200	100	0 0		0 0			
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)								
Each claim over 20 (i					50	25		
Each independent claim	including Reissues)			200	100			
Multiple dependent claims 360 180 <u>Total Claims</u> Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims								
30 - 20 or HP =	6	x 50.00 = _	300.00	)	Fee (\$)			
HP = highest number of total		•	F== D=!-! (#)					
Indep. Claims								
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)								
Other (e.g., late filing surcharge):								
SUBMITTED BY								

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Kenneth J. Stachel

Signature

Name (Print/Type)

Registration No.

(Attorney/Agent)

Telephone

Date





## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage in an envelope addressed to the Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this \_\_\_\_\_\_\_ day of May, 2005.

Name: Dawn A. Brown

Signature: Nawn A Brown

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re: the A	pplication of R	.D. Brunt, et al.	)
Serial No.:	09/899,587		) Art Unit: 2128
Filed:	July 5, 2001		) Examiner: Mussa Shaawat
For:	COLOUR VISU SYSTEM	IALISATION	) PAIR Customer ) No.: 38157: )
			) Strongsville, OH 44115

May 10, 2005

## <u>AMENDMENT</u>

Commissioner of Patents and Trademarks Alexandria, VA 22313

Dear Sir:

In response to the Office Action mailed February 11, 2005, please amend the captioned patent application in the below-indicated manner.

Amendments to the Claims are reflected in the Listing of Claims which begins on page 4 of this paper.

Remarks/arguments begin on page 9 of this paper.

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Remarks/arguments begin on page 9 of this paper.

Any expenses incurred in respect to this Amendment can be charged to Deposit Account No. 50-2206.

In the specification please substitute the abstract starting at page 3 of this paper for the abstract originally filed in the captioned patent application. No new matter has been added in making these corrections.